

	P	art 1: Local Educat	tional Agency Info	rmation			
Name of Local Educational Agency				Name of LEA Executive Director (Public Charter Schools Only)			
IDEAL ACADEMY PUBLIC CHARTER SCHOOL			GEORGE H. RUTHER	FORD II, Ph.D			
Full Address of Local Educational Agency			Email Address of LEA Executive Director (Public Charter Schools Only)				
6130 NORTH CAPITOL STREET, NW, WASHINGTON, DC 20011			grutherford52085@aol				
Main Telephone Number of Local Educational Agency 202-729-6660				Telephone Number of LEA Executive Director (Public Charter Schools Only) 202-729-6660			
			202-729-6660				
Name of Primary LEA Contact for Consolidated Application Programs			Name of Additional	Name of Additional LEA Contact for Consolidated Application Programs			
F. Zuella Evans			Jeaniece Johnson				
Position Title of Primary LEA Contact for Consolidated Application Programs Business Manager				Position Title of Additional LEA Contact for Consolidated Application Programs  Assistant Grant Coordinator			
Destricts Waringer			Assistant Grant Coo	rumator			
Email Address of Primary LEA Contact for Consolidated Application Programs			Email Address of Ad	Email Address of Additional LEA Contact for Consolidated Application Programs			
zuella evans@yahoo.com			iohnsoni@iapcs.com	iohnsoni@iapcs.com			
Telephone Number of Primary LEA Contact for Consolidated Application Programs				_f a	ation Consultation 1 Co. 11 - 1		
202-729-6664	intact for Consolidated App	nication Programs	202-729-6660	Telephone Number of Additional LEA Contact for Consolidated Application Programs 202-729-6660			
	Part 2: P	Programs for Which	n the LEA is Apply	ing for Funding			
Below, input the allocation, prov					funding through this appli	cation.	
For Title III, Part A, the LEA is elig					1 11-1		
Please note that allocations are	subject to change accord	uing to the applicable	rederar and state sta	tutes, regulations, and	policies.		
LEA Allocation for	Title I, Part A	LEA Allocation	for Title II, Part A	LEA All	ocation for Title III, Part A		
\$	110,167.84	\$	29,068.91		•		
	Dort 2. Co	chedule for Submis	sion of Doinshus	ana ant Bancasta			
	rait 3. 30	chedule for Subillis	sion of Kelliburs	ement kequests			
Please indicate, by checking the	applicable box below, th	he schedule that the L	EA will follow for Fed	eral Fiscal Year 2013 (	July 1, 2013 - September 3	30, 2015,	
including the "Tydings" period) f	or submitting reimburse	ement requests for all	grants included in th	is application in order	to maintain regular drawd	downs of federal	
funds. From among these option	is, the LEA has the flexib	pility to choose a scheo	dule that best meets	its needs.			
Monthly (12 work		ni se-shlufe		lare.	1 16 10 1		
INIOHERRY (12 WOLK)	Jooks per year)	Di-telesticity (o	workbooks per year)	Quarte	rly (4 workbooks per year)		
			X				
		Part 4: LEA Certi	fication of Applica	ation			
By signing below, the Applicant	certifies that all of the in	formation contained i	n this application is t	rue and accurate to th	e best of its knowledge.		
Additionally, the Applicant certif							
Disconnection of the state of t	A - II - M - /B I Ch - II -	A	Tev		* *		
Name of Individual Certifying Phase I Percy Wilson	Application (Board Chairpe	erson or Chancellor Only)	Signature of Individ	ual Certifying Phase II Ap	plication		
			1 de	161			
			1 hry	1 Pur			
Title of Individual Certifying Phase II	Application (Board Chairper	son or Chancellor only)	Date of Certification	(input at the time of sign	nature)		
Chairperson of the Board of Directors			10/	/ - 15			
			101	7/2013			
						2000	
SUBMIT <u>BOTH</u> A MICROSOFT EXCEL VERSION OF THIS FULL WORKBOOK <u>AND</u> A SIGNED, SCANNED COPY OF THIS PAGE BY EMAIL TO <u>CON.APP@DC.GOV</u> .							
		OSSI	E Use Only				
Date Phase II Application First Receive							
Date Phase II Application Approved (fit	st date for reimbursement):						

810 First Street, NE, 9th floor, Washington, DC 20002
Phone: 202.727.6436 • Fax: 202.727.2019 • <u>www.osse.dc.gov</u>